

State of Hawaii
Department of Commerce and Consumer Affairs
BUSINESS REGISTRATION DIVISION
1010 Richards Street
Mailing Address: P. O. Box 40, Honolulu, HI 9681 0

Registration Fee - \$200
Dishonored Check - \$15 Fee
Plus Interest Charge

APPLICATION FOR REGISTRATION AS AN INVESTMENT ADVISER IN SECURITIES

1. Name of applicant.
2. Name under which business is conducted.
3. Specify if applicant is an individual, corporation or partnership.
4. Date and place of incorporation/formation: (if applicant is a corporation or a partnership)
(a) Date: _____ State: _____
5. Address of principal place of business.

Mailing Address:
6. Address of branch office in Hawaii, if any.
7. Names, residence and business addresses of all persons interested in the business as principals, partners, officers or directors, giving the title of each.
8. The general plan and character of business.

9. Length of time engaged in securities business as an investment adviser.
10. States in which applicant is registered as an investment adviser.
11. Has an application for registration as an investment adviser been refused, revoked, suspended in any State or by the Securities and Exchange Commission? If so, attach a complete statement of facts in respect thereto.
12. Has any person interested in the business as principal, partner, officer or director ever been convicted of a violation of a criminal statute? If so attach a complete statement of facts in respect thereto.
13. There shall be filed the irrevocable written consent to service of process on the Commissioner as provided by Section 485-12, Hawaii Revised Statutes, together with a certified copy of the resolution of the board of directors, trustees, etc., authorizing the officers to execute the same.

Dated at _____ this _____ day of _____, 19____

(Name of applicant)

By _____

Title: _____

_____ } ss.

_____ being first duly sworn on oath deposes and
says that he/she is the _____ of _____
_____ the applicant named in the foregoing application-, that he/she is authorized to
make this verification for and on behalf of said _____

_____, that he/she has read the application and all the exhibits, statements
and documents attached thereto-, that the information contained in the application, exhibits, statements and documents is true to the
best of his/her information, knowledge and belief.

(Signature of applicant)

Subscribed and sworn to before me this
_____ day of _____, 19____

Notary Public, State of _____
My commission expires: _____